

Proposal for ASCA Observations

AO-6

Cover Page

Principal Investigator		
Department		
Institute		
Address / Street		City / Town
State / County	Zip / Postal Code	Country
Telephone		Fax

E-mail Address	
Network (e.g. INTERNET, SPAN)	Node name & user ID (e.g. XYZ@ASTRO or ASTRO::XYZ)

Preferred Data Distribution Medium	
Subject Category	
Proposal Title	
Number of Targets	Total Time

Abstract

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General Form

PI
Proposal Title

Collaboration Type:

Co-Investigator(s)			
First Name	Last Name	Institute	Country
CoI Contact (Y/N)		Telephone	
Network Address			

Institute Endorsement	
Name of Administrator	
Administrative Authority	
Institute	
Signature:	Date:

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Target Summary

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Proposal Title

Tar No	Target Name	R.A.	Dec	Obs Time (ksec)	Num obs	Time crit	GIS Mode	Off Y/N	Est. SIS CR	SIS Bit ModeRate	Rem Y/N

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Target Constraints

PI
Proposal Title

Coordinated Observations												Monitoring Obs			Phase Dependent Observations					
Tar No	Start Time					Stop Time					Intervals (ksec)		Epoch	Period	Min	Max				
	Y/N	Year	Mo	Day	Hr	Min	Year	Mo	Day	Hr	Min	Y/N	Min	Max	Y/N	MJD	(days)	Phase	Phase	

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Target Remarks

PI
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Tar No	Remarks